

## **BAY-ARENAC BEHAVIORAL HEALTH**

### **Michigan Department of Community Health Mental Health and Substance Abuse Administration Improving Practices Infrastructure Development Block Grant Co-occurring Disorder: Integrated Dual Disorders Treatment Program Narrative Quarterly Report**

Report Period: 4/1/06 – 6/30/06

PIHP: Bay-Arenac Behavioral Health

Program Title: Co-Occurring Disorders: Integrated Dual Disorders Treatment

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PCA#: 20700

Contract #: 20061236

Federal ID: 38-3611656

- A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The BABH PIHP Improving Practice Leadership Team (IPLT) met twice in the third quarter of FY 2006. During this quarter the team reviewed the Performance Improvement Data Base Tool. The IPLT requested the review in order to examine the possibility of using the tool to focus on Evidenced Based Practice (EBP) outcomes. The team was also looking to see if there was information that could be added to the database that might assist the IPLT and regional Community Mental Health Service Programs (CMHSP). Discussions on the use of this tool will be continued at future meetings. Status reports were given on regional involvement with the Statewide Recovery Council, the Developmental Disabilities Practice Improvement Team (DD-PIT) and the Integrated Dual Disorder Treatment (IDDT) implementation. The IPLT continues oversight of other EBP and emerging practice efforts. In this regard, key people from each board have been identified to provide leadership to Assertive Community Treatment (ACT), Dialectical Behavioral Therapy (DBT), and Supported Employment (SE). Reports on their activities will be provided at future IPLT meetings. The IPLT also continues to provide oversight to the Integrated Services Workgroup/ Integrated Services Advisory Council (ISW/AC), and their activities related to IDDT implementation.

- B. Briefly describe the Systems Change process activities during this quarter related to the integration of Mental Health and Substance Disorder services and the impact of this Evidence-Based Practice process on creating systems change.

There were several systems change activities that occurred during this reporting period. First, based on the results of the COMPASS completed in the previous quarter, the ISW/AC meetings focused primarily on developing and revising a regional training plan. The regional training plan continues in draft form as not all dates and trainers have been determined. The consensus of the group is that in order to create lasting systems change, it is necessary to provide administrative and clinical staff training that is as local as possible (with a train-the-trainer approach). The reason for this approach is related to member agency concerns of maintaining consumer contacts, staff availability and the distance staff must travel to trainings that are hosted regionally or Statewide. The

ISW/AC decided to put the initial training emphasis on motivational interviewing and stages of change because of its importance to the IDDT implementation. Second, copies of the Comprehensive, Continuous Integrated System of Care Fidelity and Implementation Tool (CO-FIT 100) were distributed to each of the board partner IDDT planning teams for completion. These results will then be collectively evaluated by the ISW/AC in the 4<sup>th</sup> quarter to help determine co-occurring disorder (COD) system needs recommendations to the IPLT to be implemented in fiscal year 2007.

- C. Briefly describe the changes that have occurred and milestones achieved in the last quarter. Attach the products developed.

There are two significant milestones that have occurred this quarter. First, all board partners have developed IDDT planning and implementation teams and are beginning to develop their own work plans consistent with the regional work plan. Second, a draft regional training plan is being developed and finalized that will begin to address training needs required to effectively implement the IDDT model throughout the region..

- D. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

The Regional Integrated Services Coordinator, Don MacDonald, and the BABHA Chief of Clinical and Program Operations, Gary Lesley, continue to be involved with MDCH IDDT Work Groups. Shiawassee County Community Mental Health Authority CEO, Scott Gilman, has also been involved with the State IDDT work groups. Additionally, Mr. MacDonald continues as a participant in the Co-occurring Policy Academy sponsored by MDCH. On a regional basis, the ISW/AC made up of Affiliation CMHSP and SUD leaders continue to meet monthly to collaborate and build consensus for IDDT implementation in the region.

The Riverhaven Substance Abuse Coordinating Agency Advisory Council continues to be informed of IDDT developments. A COD/IDDT report is a standing agenda item at the Advisory Council meetings. This Advisory Council continues to be supportive of CMHSP and SUD treatment staff becoming more skilled in serving persons with co-occurring conditions.

- E. Briefly describe the progress of each of the Co-occurring Disorder project goals and objectives of this quarter. Include an update on systems assessment utilizing the Co-Fit or COMPASS, the development of action plans based on this self-assessment, and progress on action plans. Please attach initial work plan/action plan based on this assessment and amendments, if any, for each of the quarters.

1. Goal: To ensure that all stakeholders are aware of the expanded implementation of the Co-Occurring – Integrated Disorders Treatment EBP across the Affiliation.

**Members of the Riverhaven Coordinating Agency Substance Abuse Advisory Council will be informed of the expanded implementation of the COD-IDDT – Ongoing** - The Riverhaven Substance Abuse Advisory Council was provided with an updated IDDT implementation report at their June 1, 2006 meeting.

**Information materials on implementation of COD-IDDT will be developed and distributed to the Affiliation provider network serving persons with SPMI. Each CMHSP in the Affiliation will be responsible for ensuring that materials and**

**information on the implementation of COD-IDDT are shared with appropriate contract providers. – Ongoing** – Each of the IDDT planning teams received a copy of the resource: Integrated Treatment for Dual Disorders – A Guide to Effective Practice (by Kim Mueser, et al). This resource includes checklists and reproducible handouts that can be used to help implement the IDDT model.

**The Regional Integrated Services Workgroup and Integrated Services Advisory Council will be responsible for educating peers and consumers in their programs about the decision to implement COD-IDDT – Ongoing** – Monthly reports are received at the Integrated Services Workgroup and Advisory Council meeting on the ongoing progress of the individual CMHSP Partner IDDT efforts. It is expected that information from these meeting are shared with staff and consumers at their local programs.

**The Regional Operations Council, made up of Chief Operating Officers from each affiliate CMHSP, will act as the workgroup of administrators that will ensure that top administration in each CMHSP is educated on the selection of this EBP for implementation across the Affiliation. – Ongoing** – Written information is communicated to each of the CMHSP's Chief Operating Officers (COO) at the monthly Operations Council meeting regarding this EBP implementation. Implementation issues and concerns are regularly discussed with the Chief Executive Officers at the Regional Leadership Council monthly meetings.

2. Goal: To ensure that the appropriate leadership structure is in place to effectively implement the Co-Occurring Disorders Treatment EBP across the region.

No third quarter objectives for this goal.

3. Goal: To develop the system level building blocks necessary to support and sustain ongoing integrated services to persons with co-occurring disorders.

**Evaluate all programs serving persons with severe and persistent mental illness for their capacity to provide services to persons with dual disorders by using the Co-morbidity Program Audit and Self Survey (COMPASS) tool.**

**Create a COMPASS Score database. – Done** – Comparison data will be available as future COMPASS assessments are completed.

**Affiliate Partners will develop an action plan related to two identified gaps at their CMHSP. A regional plan will be developed for at least one common gap identified. – In Process** – Three of the Affiliate Partners have developed action plans related to identified service gaps. In all three CMHSP, identified gaps are related to training issue needs. The remaining two are still in the process of identifying issues. The Regional action plan has identified IDDT training issues as a gap and has developed a draft training work plan to address the gap.

**Results of the COMPASS will be reviewed by the Improving Practices Leadership Team. – Not Completed** – Due to an oversight error on the part of the IDDT Coordinator, a data summary on the regional results of the COMPASS has not yet been shared with the IPLT. The IPLT will receive a summary of the assessment at the August IPLT meeting.

**IDDT Coordinator to facilitate annual completion and review of COMPASS with Affiliate Partners – Ongoing** - The COMPASS was completed by all board partners.

Initial results of the COMPASS were discussed with affiliate IDDT leaders at their local planning team meetings.

**Process will be established at the local and regional level to remove system level barriers that get in the way of full implementation of integrated services for persons with co-occurring disorders. - In Process** – The BABHA IDDT Planning Team recently developed (and received approval for) a “Barrier Buster” process to be used within their CMHSP. BABHA is in the process of sharing this information with affiliation partners. If the partners are agreeable to this model it will be recommended for adoption as a regional process in the future.

4. Goal: To ensure qualified trained staff are available in the Access Alliance of Michigan Access Center to screen persons for both mental illness and substance use disorders.

**IDDT Coordinator to evaluate the results of the Co-Occurring Disorders Educational Competency Assessment Tool (CODECAT) surveys completed by Access Staff, incorporate information from the Co-Occurring Center for Excellence (COCE) technical assistance consultation and discussions at the State level to determine (in consultation with the Access Center Supervisor) staff training/consultation needs. - In Process** – The COCE “Access” technical assistance project is still being developed by participants in regard to screening tools and processes needed to best serve COD consumers trying to access the system for treatment. It has been decided to move slowly on training issues with Access Staff until a more comprehensive plan is developed by the PIHP’s involved in the COCE Access project (so as to not potentially create trainings that might be of limited value to the Access Staff).

5. Goal: To provide COD-IDDT training for all staff providing treatment and support to persons who have a dual disorder.

**The workgroup will consult with the PIHP Staff Development Center and Affiliate Training Coordinators to develop a preliminary Staff Development plan for year 2 that identifies training audience (individual staff, CMHSP staff groups, or regional groups), methodology (self-directed learning, web based, group training, etc.) and source (local expert, external expert, MACMHB sponsored, etc.). - In Process** – The IDDT Coordinator and the BABHA Staff Development Coordinator have begun discussions on staff training needs. Training issues will be further defined with the expectation that initial staff trainings will begin in the 4<sup>th</sup> quarter.

6. To monitor ongoing implementation of COD – IDDT EBP

**COD – IDDT Coordinator will review implementation of COD- IDDT with the CMHSP Implementation Team at least quarterly. Ongoing** – The Regional IDDT Coordinator is meeting monthly with each CMHSP COD – Implementation Team to assist them in developing IDDT implementation pilots.

**Improving Practices Leadership Team and Regional Operations Council will be responsible for resolving any system level barriers that get in the way of full implementation of COD – IDDT. - Ongoing** – There have not been any system levels barriers that have required an IPLT or Operations Council response this quarter.

7. Goal: To periodically evaluate the Affiliation fidelity to the COD – IDDT EBP

No second quarter objectives for this goal.

- F. Briefly describe staff training and technical assistance obtained during this quarter. Explain how these will be utilized for the program development and improving services. Please include staff coverage for the project with an organization chart showing the location of staff for this project.

Integrating Services for People with Co-Occurring Substance – Related and Mental Disorders: What Does it Really Mean to You? Dr. David Mee-Lee 4/11/06 – Staff from each of the Affiliate partners attended the first part of a two day training. Participants were able to gain a better understanding of how to develop a multi-dimensional assessment to better meet the needs of consumers with co-occurring disorders.

How to Make Integrated Services Really Work: Bringing Together the Treatment Team, Consumers, Services and Documentation 4/12/06 – The Affiliate Partner staff that attended day one of the training also attended day two of this training. The focus of this training was to help align consumer directed person centered planning with the needs of consumers with co-occurring disorders.

The Science of Human Motivation: The Stages of Change Model 5/9/06 – Staff attending this training were introduced to the Stages of Change Model as developed by Prochaska & DiClemente. The Stages of Change Model is a key component of the IDDT implementation. Representation to this training included Affiliate partners and one agency that is a contracted provider of mental health services for BABHA.

Learn and Share 5/30/06 – This half day training gave opportunity for the PIHPs participating in the IDDT implementation to learn what other PIHPs are doing. Being able to share mutual experiences was helpful in assessing progress the BABHA PIHP is making in regard to IDDT Implementation.

COCE Access Technical Assistance Phone Conference Calls 4/26/06, 5/30/06, 6/20/06 – The Regional IDDT Coordinator participated in technical assistance phone conference calls with A.J. Ernst and Deb Tate of the SAMHSA COCE in Maryland. Focus of these conference calls have been on identifying the participating PIHP access to treatment processes, developing an agreed upon work plan for the group, and initial exploration of potential COD screening tools.

- G. Briefly explain the barriers and issues encountered during this quarter and the action taken to address them (administrative, legal, policy, training, outcomes, funding, budget, data encounter, grievances, etc.)

There were no major barriers encountered that required intervention during this reporting period.

- H. For projects that are at the stage of implementing COD enhanced service models, provide the following information:

1. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

N/A – The BABHA PIHP is in the preparatory stage for IDDT and is not at the point of implementing the IDDT enhanced service model.

2. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic of diagnostic data relevant to the project's goals.)

N/A - IDDT services, as per the EBP fidelity, are not being provided at this time.

- I. Describe the PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

The year to date expenditure report is attached.

- J. Describe the activities planned to address the project's goals and objectives for the next quarter.

The IDDT Regional Training Plan will be finalized by the ISW/AC in order to begin to provide training to clinicians and administrative staff for implementation of the IDDT in the local CMHSP's. Coordination of multi-site local trainings will be a significant task for the ISW/AC. It will be important that any regional training efforts continue to be coordinated with any statewide trainings.

The Co-Fit 100 was completed by all CMHSP members and will be summarized by the ISW/AC during the 4<sup>th</sup> quarter. Information from these assessments will be used to plan ways to address systems COD issues.

Efforts will continue in the identification and capturing of relevant data on individuals with co-occurring disorders who are currently served in the network. This will continue to be worked on at a regional and local level.

The Integrated Services Coordinator and PIHP Leadership will continue to participate at the state level in planning sessions, meetings and technical assistance related to the implementation of this block grant.

**Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Co-occurring Disorder: Integrated Dual Disorders Treatment  
Program Narrative  
Quarterly Report**

<b>Reporting Period</b>	<b>04/01/06 –07/31/06</b>
<b>PIHP</b>	Community Mental Health Affiliation of Mid-Michigan
<b>Program Title</b>	Adult Mental Health Services
<b>Executive Director &amp; Address</b>	Robert Sheehan 812 E. Jolly Rd Lansing, MI. 48910
<b>Contact Person</b>	Michael Brashears, Psy.D Director: Adult Mental Health Services 517-346-8372 517-346-8370 (Fax) <a href="mailto:brashear@ceicmh.org">brashear@ceicmh.org</a>
<b>PDA, Contract #, Federal ID</b>	PDA#: 05B1CMHS-03 Contract#: Federal ID #: 38-6337733

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Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
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<b>A</b>	<b>Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team</b>	This quarter's activity focused on the development of local trainings related to evidence based practices and COD-IDDT.
<b>B</b>	<b>System Change process activities related to the integration of Mental Health services and Substance Disorder services and the Impact of this Evidence-Based Practice process on creating system change.</b>	<p><b>Narrative:</b> The focus this quarter from a system change perspective was to conduct a gap analysis affiliation wide between the COD-IDDT EBP fidelity scale and each CMHSP existing structure and process. In addition, continued collaboration with other PIHP's to gain insight to additional system change process and barriers occurred. It should be noted that this is a continuation of last quarters activity.</p> <p><b><u>Affiliation wide activity included (but not limited to) the following:</u></b></p> <ol style="list-style-type: none"> <li>1. <b>4/20/06 Newaygo Affiliation</b> Darren Lubbers Ph.D. met with Adult Mental Health Services Program Leaders regarding IDDT Treatment capacity and Organizational transformation capacity. Met with the Access department regarding Screening and Assessment also</li> </ol>

		<p>conducted.</p> <ol style="list-style-type: none"> <li>2. <b>4/24/06</b> Darren Lubbers Ph.D. met with CEI Screening and Assessment services to determine IDDT structural and process capacity to implement IDDT services.</li> <li>3. <b>4/26/06</b> Darren Lubbers Ph.D. met with CEI Charter House to determine IDDT structural and process capacity to implement IDDT services.</li> <li>4. <b>4/26/06</b> Darren Lubbers Ph.D. met with CEI Older Adult Services coordinator to determine IDDT structural and process capacity to implement IDDT services.</li> <li>5. <b>5/3/06</b> Darren Lubbers Ph.D. met with CEI Bridges Residential Crisis Unit coordinator to determine IDDT structural and process capacity to implement IDDT services.</li> <li>6. <b>5/3/06</b> Darren Lubbers Ph.D. met with CEI Case Management coordinators to determine IDDT structural and process capacity to implement IDDT services.</li> <li>7. <b>5/4/06</b> Darren Lubbers Ph.D. met with CEI Residential Services coordinator and staff to determine IDDT structural and process capacity to implement IDDT services.</li> <li>8. <b>5/9/06</b> Darren Lubbers Ph.D. met with CEI IDDT Dual Disorder workbook group.</li> <li>9. <b>5/9/06</b> Darren Lubbers Ph.D. met with CEI Bridges Crisis Unit coordinator to plan staff IDDT meeting.</li> <li>10. <b>5/10/06</b> Darren Lubbers Ph.D. IDDT presentation with CEI Bridges Crisis Unit staff.</li> </ol>
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		<p><b>11. 5/12/06</b> Darren Lubbers Ph.D. IDDT MIFAST meeting.</p> <p><b>12. 5/16 &amp; 5/17 06</b> Darren Lubbers Ph.D. attended the Ohio SAMI Program Leader training.</p> <p><b>13. 5/19/06</b> Darren Lubbers Ph.D. attended the CEI Q1 meeting via phone conference call.</p> <p><b>14. 5/22/06</b> Michael Brashears Psy.D. and Darren Lubbers Ph.D. met to review our IDDT presentation at the MDCH annual Spring conference.</p> <p><b>15. 5/23/06</b> Michael Brashears Psy.D. and Darren Lubbers Ph.D. present the systems and treatment change transformation of an Evidence based Model with specific emphasis on the IDDT model at the annual MDCH Spring conference in Dearborn, MI. (Attachment G)</p> <p><b>16. 5/24/06</b> Darren Lubbers Ph.D. met with CEI ACT coordinator to determine IDDT structural and process capacity to implement IDDT services.</p> <p><b>17. 5/30/06</b> MDCH Learn &amp; Share Meeting</p> <p><b>18. 6/2/06</b> Darren Lubbers Ph.D. met with CEI Outreach coordinator to determine IDDT structural and process capacity to implement IDDT services.</p> <p><b>19. 6/12/06</b> Darren Lubbers Ph.D. attended the MDCH IDDT Measurement Meeting</p> <p><b>20. 6/13/06</b> CEI Dual Disorder book review workgroup meeting</p> <p><b>21. 6/16/06</b> CEI IDDT workgroup meeting</p>
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		<p>22. <b>6/21/06</b> Michael Brashears Psy.D. and Darren Lubbers Ph.D. IDDT planning and review meeting</p> <p>23. <b>6/23/06</b> Darren Lubbers Ph.D. attends the MIFAST fidelity team meeting</p> <p>24. <b>6/28/06</b> Darren Lubbers Ph.D. attends the MIFAST fidelity substance use training with Wayne State faculty</p> <p>25. <b>6/29/06</b> Darren Lubbers Ph.D. attends the MIFAST fidelity meeting with Stages of Change and Motivational Interviewing training</p> <p>26. <b>6/30/06</b> Darren Lubbers Ph.D. attends the MIFAST fidelity meeting with Stages of Change, Motivational Interviewing training, and fidelity substance use training.</p> <p>27. <b>7/7/06</b> Michael Brashears Psy.D. and Darren Lubbers Ph.D. IDDT planning and review meeting</p> <p>28. <b>7/14/06 Manistee Affiliation</b> Darren Lubbers Ph.D. met with Manistee Program Leaders regarding IDDT Treatment capacity and Organizational transformation capacity.</p> <p>29. <b>7/24/06 Newaygo Affiliation</b> Darren Lubbers Ph.D. met with Adult Mental Health Services Program Leaders regarding IDDT Treatment capacity and Organizational transformation capacity.</p> <p>30. <b>7/28/06</b> Darren Lubbers Ph.D. met with MIFAST (MDCH IDDT Fidelity Review Team)</p>
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C	Milestones and changes	<p><b>Narrative:</b> This quarter's activity focused on the development and implementation of training modules related to: orientation to Evidence Based Practices and COD-IDD.</p> <p><b><u>Affiliation wide and local CMHSP activity included (but was not limited to) the following:</u></b></p> <ol style="list-style-type: none"> <li>1. Presentation and approval of COD-IDD goals and objectives at the CMHAMM core leadership group (group attended by CMHAMM affiliate executive directors, finance directors, and compliance officers).</li> <li>2. Development of a staff orientation program to Evidence Based Practice and COD-IDD initiatives (Appendix A &amp; B), provides a copy of these presentations)</li> <li>3. Implementation of staff orientation to Evidence Based Practices and COD-IDD trainings (eight counties- over 300 employees.)</li> <li>4. Dr. Lubbers conducted over 15 individual team orientations to COD-IDD covering eight CMH counties.</li> </ol>
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<p><b>D</b></p>	<p><b>Consensus building and collaborative services efforts with other systems and agencies</b></p>	<p><b>Narrative:</b> Consensus building focused on collaboration with MDCH-IDDT state measurements group, MIFAST fidelity team, and local CEI-CMHA and Manistee-Benzie CMH programs</p> <p><b><u>Affiliation wide activity included (but not limited to) the following:</u></b></p> <p><b>5/12/06</b> Darren Lubbers Ph.D. IDDT MIFAST meeting.</p> <p><b>5/16 &amp; 5/17 06</b> Darren Lubbers Ph.D. attended the Ohio SAMI Program Leader training.</p> <p><b>5/23/06</b> Michael Brashears Psy.D. and Darren Lubbers Ph.D. present the systems and treatment change transformation of an Evidence based Model with specific emphasis on the IDDT model at the annual MDCH Spring conference in Dearborn, MI. (See PowerPoint attachment B)</p> <p><b>5/30/06</b> MDCH Learn &amp; Share Meeting</p> <p><b>6/12/06</b> Darren Lubbers Ph.D. attended the MDCH IDDT Measurement Meeting</p> <p><b>6/23/06</b> Darren Lubbers Ph.D. attends the MIFAST fidelity team meeting</p> <p><b>6/28/0606</b> Darren Lubbers Ph.D. attends the MIFAST fidelity substance use training with Wayne State faculty</p> <p><b>6/29/06</b> Darren Lubbers Ph.D. attends the MIFAST fidelity meeting with Stages of Change and Motivational Interviewing training</p> <p><b>6/30/06</b> Darren Lubbers Ph.D. attends the MIFAST fidelity meeting with Stages of Change, Motivational Interviewing training. and fidelity substance use training.</p> <p><b>7/14/06 Manistee Affiliation</b> Darren Lubbers Ph.D. met with Manistee Program Leaders regarding IDDT Treatment capacity and Organizational</p>
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		<p>transformation capacity.</p> <p><b>7/24/06 Newaygo Affiliation</b> Darren Lubbers Ph.D. met with Adult Mental Health Services Program Leaders regarding IDDT Treatment capacity and Organizational transformation capacity.</p> <p><b>7/28/06</b> Darren Lubbers Ph.D. met with MIFAST (MDCH IDDT Fidelity Review Team)</p>
<b>E</b>	<p><b>Work plan progress:</b> <b>(Also attach initial work plan)</b></p>	<b>See Appendix C</b>

F	<p><b>Staff training and technical assistance</b></p> <p><b>(Explain how these will be utilized for the program development and improving practices. Please indicate staff coverage for the project with an organizational chart showing the location of the staff for this project.)</b></p>	<p><b>Narrative: Staff training focused on orientation to Evidence Based Practices and COD-IDDT. Training was developed and provided in all eight CMHAMM counties with over 300 employees in attendance.</b></p> <p><b>5/17/06</b> Michel Brashears Psy.D conducted Introduction to Evidence Based Practice (CEI-CMH)</p> <p><b>5/18/06</b> Michel Brashears Psy.D conducted Introduction to Evidence Based Practice (CEI-CMH)</p> <p><b>5/19/06</b> Michel Brashears Psy.D conducted Introduction to Evidence Based Practice (CEI-CMH)</p> <p><b>5/23/06</b> Michael Brashears Psy.D. and Darren Lubbers Ph.D. present the systems and treatment change transformation of an Evidence based Model with specific emphasis on the IDDT model at the annual MDCH Spring conference in Dearborn, MI. (Appendix G)</p> <p><b>6/20/06</b> Michel Brashears Psy.D conducted Introduction to Evidence Based Practice (CEI-CMH)</p> <p><b>6/21/06</b> Michel Brashears Psy.D conducted Introduction to Evidence Based Practice (CEI-CMH)</p> <p><b>6/28/06</b> Darren Lubbers Ph.D. attends the MIFAST fidelity substance use training with Wayne State faculty</p> <p><b>6/29/06</b> Darren Lubbers Ph.D. attends the MIFAST fidelity meeting with Stages of Change and Motivational Interviewing training</p> <p><b>6/30/06</b> Darren Lubbers Ph.D. attends the MIFAST fidelity meeting with Stages of Change, Motivational Interviewing training, and fidelity substance use training.</p>
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<p><b>G</b></p>	<p><b>Barriers and issues encountered (Also include action taken to address them)</b></p>	<p><b>Narrative:</b> Barrier identification is still ongoing and at this time continues to focus on clarifying key terms and concepts found in the COD-IDDT fidelity scale. This quarters identified barriers include:</p> <ol style="list-style-type: none"> <li>1. The development and training of substance abuse specialist to ensure substance abuse specialists participation in all COD-IDDT team development</li> <li>2. Clarification of the operational definitions of key program requirements found in the COD-IDDT Fidelity Scale such as: ACT, Supportive Employment, Family Psycho-education, and Illness &amp; Recovery management. It is unclear if COD-IDDT programs can utilize existing program models or must conform to SAMHSA EBP definitions of the above mentioned program elements.</li> </ol> <p><b>Plan to Resolve Barriers:</b> Dr. Darren Lubbers will consult Patrick Boyle to obtain clarification of the above, and will present findings at all CMHSP local workgroup meetings this quarter.</p>
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<b>H</b>	<b>COD implementations status (Only for PIHP's at the implementing Stage)</b>	<b>N/A</b>
<b>I</b>	<b>PIHP financial and in-kind support (Is the program having problems with implementation/continuation, should an amendment be initiated?)</b>	<b>N/A</b>
<b>J.</b>	<b>Describe the activities planned to address the project's goals and objectives for the next quarter.</b>	<b>Narrative:</b> See Appendix C which provides work plan for future activity

Respectfully submitted,

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**Michigan Department of Community Health  
Mental Health and Substance Abuse Services Administration  
Improving Practices Infrastructure Development Grant  
Co-occurring Disorder: Integrated Dual Disorders Treatment  
Program Narrative  
Quarterly Report**

**Report Period:** April 1<sup>st</sup> – June 30th, 2006

**PIHP:** Kalamazoo CMHSAS dba Southwest Affiliation (KCMHSAS)

**Program Title:** Integrated Dual Disorder Treatment (IDDT)

**Executive Director:** Jeff Patton

**Address:** 3299 Gull Rd., P.O. Box 63 Nazareth, MI 49074

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PCA#: Contract #: Federal ID: 38-3313413

The Southwest Affiliation of Allegan, Cass, Kalamazoo, and St. Joseph Counties is committed to aggressively transforming our system of administration and care delivery to one focused on the expectation of co-occurring disorders (CODs), effective and efficient consumer identification and referral, and the full implementation of models of care including Integrated Dual Disorder Treatment (IDDT) in high fidelity programs for the most vulnerable consumers. The Affiliate continues to focus on groundwork activities while at the same time moving forward with IDDT readiness in several settings throughout the PIHP.

### A. System Transformation Efforts

- 1) Continued integration of Access activities: In response to trouble-shooting eligibility requirements and referrals to the Kalamazoo pilot IDDT team, SAMM of InterAct, two meetings were held with staff from InterAct, the Access Center, the CMH and CA. A tool recommended Ohio SAMI CCOE for eligibility will be altered for local needs and implemented. Referrals from MCIT, a short-term case management wing of the Access Center, will go through a center point for referral, and assessments using the PASN will be authorized for SAMM on consumers who have not received that service in the past 6 months. Follow-up is planned as needed.
- 2) Meeting of a Kalamazoo County Provider Steering Committee monthly: The IDDT Kalamazoo Provider Steering Team met in the third quarter, discussed upcoming training needs and opportunities, prepared and then completed COMPASS program-level DDC evaluations, and continued to invite additional members to assure that all provider stakeholders in Kalamazoo had an opportunity to attend.
- 3) Integration of consumers at the highest level of authority: The IDDT Steering Committee (the IPLT) continues to have consumers and advocates as critical members of their team. Karrie Cross, IDDT Peer Support Specialist, as well as Phil Royster, Supported Education, and Kevin Lindsley, consumer and Douglas Community Association PSS, are all members of the IPLT. Additionally, a NAMI representative, Michelle Hulan, and the Family Support Services staff (and a family member), Mary McKinley, have been invited to attend.
- 4) Revision of Charter and Adoption of Strategic Plan by IPLT and Executive Directors: COD Charter with amended action plan was completed in March and agreed to and signed by each CMHSP Executive Director in May. The Charter will be updated annually.

### B. System Change Process Activities

See above.

**C. Milestones Achieved**

- 1) Dual Recovery Anonymous meetings: Kalamazoo now has two community-wide DRA meetings held on Mondays and Fridays as the Access Center. The meetings are registered with [www.dualrecovery.org](http://www.dualrecovery.org), and attended by 4-6 persons on average. In July, a third DRA institutional meeting will be available in Kalamazoo, at InterAct of Michigan. This meeting will be co-chaired by the PSS at the SAMM (IDDT) program. Discussions are on going regarding being responsive to local consumer needs relative to step-work, sponsorship, literacy issues, and transportation barriers. KCMHSAS continues to support the self-help culture with donations of workbook, stepbook, and devotional materials.
- 2) Involvement in Fidelity Assessment team and process: Kalamazoo has two representatives on the MiFAST team. Both are involved in monthly planning meetings, intensive training in June, and will take part in one or both of Michigan's first fidelity baseline visits in Grand Rapids and Kalamazoo in July.
- 3) Leadership in "training library" development: Kalamazoo continues to make available training DVDs, with accompanying handouts and PowerPoint presentations to interested Subcommittee members throughout the state.
- 4) Fidelity Readiness consult and baseline review: A fidelity review of IDDT teams was completed for two teams in the Southwest PIHP on May 31<sup>st</sup>: SAMM and Allegan ACT. Of those, SAMM was determined ready for baseline review, scheduled July 27.

**D. Consensus Building**

See Charter agreement and completion of COMPASS and CO-FIT above.

**E. Utilization of Systems Assessments Update**

- 1) COMPASS: The COMPASS was completed in the third quarter by 8 separate programs in Kalamazoo County (contracted providers) and 7 programs within the PIHP counties. Aggregate data is being developed toward sharing and development of program-specific action plans.
- 2) CO-FIT: the IDDT Program will complete The CO-FIT Subcommittee (with representation from all Counties in the Affiliation) was started in June and will be completed in the IPLT in July.

**F. Training and Technical Assistance**

- 1) Development of Training and TA with Ohio SAMI CCOE: Southwest Affiliation intends to contract with the Ohio SAMI CCOE to provider IDDT Team and Program Leader training and general overview COD training, as well as technical assistance and consultation for one year. Training will begin once baseline Fidelity Assessment has been completed.
- 2) Involvement in national COCE TA project on screening/assessment and welcoming: see above
- 3) Fidelity Assessment Team (MiFAST) training and representation: see above

- 4) Participation in Cline/Minkoff training and Mee-Lee training at state level: Several staff from each County was able to take advantage of statewide trainings by Drs. Cline, Minkoff, and Mee-Lee. Consultation sessions with Dr. Cline are also attended.
- 5) Partnership with Network 180, Venture, and Oakland: Participated in the 3 PIHP learn and share process in May. Also helped to develop the May IDDT Subcommittee Learn and Share.

#### **G. Barriers to Implementation**

- 1) PIHP and CA borders: Southwest Affiliation has Counties that are in three separate Coordinating Agencies (Kalamazoo, Lakeshore, and Venture). This makes referral and fund braiding difficult. Efforts to true up the PIHP/CA borders underway currently at the state level would have a major positive impact on the Affiliate's work on CID integration.
- 2) Two different models of CMHs (urban and rural): Kalamazoo County is an urban county, and one that contracts for most services. St. Joseph, Cass, and Allegan are all rural counties, and direct service providers. The challenge of providing structure, training, and implementation that meets both situation's needs is not insurmountable, but adds an extra layer of complexity.

#### **H. Implementing Enhanced Service Model**

Southwest Affiliation will be involved in fidelity assessment for it's first IDDT team July 27<sup>th</sup>. One other team has completed readiness evaluation and two others will complete in approximately 6 months.

#### **I. Financial Support and Sustainability Planning**

KCMHSAS has been and continues to be fully financially supportive of COD:IDDT implementation. The expectation that effective, evidence-based treatment of CODs will become an important part of business as usual is embedded within this commitment. COD champions exist throughout the system, and are integrating into many other service areas such as corrections, prevention, and Methamphetamine efforts, enhancing integration and ensuring sustainability.

#### **J. Next Quarter Activities**

See attachment for updated RFP workplan and Action Plan approved by Improving Practices Leadership Team (attachment to updated charter document)

**Michigan Department of Community health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Co-Occurring Disorder: Integrated Dual Disorders Treatment  
Program Narrative  
Quarterly Report**

Report period: March 1, 2006 to June 30, 2006  
PIHP: Macomb County Community Mental Health (MCCMH)  
Program Title:  
Executive Director: Donald J. Habkirk  
Address: 10 North Main, County Building - 5<sup>th</sup> Floor, Mt. Clemens, MI 48043  
Contact Person: Robert Slaine, Deputy Director  
Phone: 586-469-\*\*\*\* Fax: 586-469-7674 E-mail: bob.slaine@mccmh.net  
PCA#: Contract #: Federal ID:

- A) Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practice Leadership Team
- ▶ The IPL team met and established a plan for development of initiatives over the next quarter.
- B) Briefly describe the Systems Change process activities during this quarter related to the integration of Mental health and Substance Disorder services and the impact of the EBP process on creating systems change.
- ▶ Members of the IPL have continued to attend on-going state-wide training sessions and committee meeting associated with the implementation of the IDDT COD EBP
  - ▶ Updates regarding the IDDT COD EBP has been presented to MCCMH leadership groups in the following ways
    - 1) Director's group
    - 2) MCCMH Strategic Planning Process
  - ▶ MCCMH's new Medical Director has been briefed regarding the IDDT-COD EBP and has begun her participation on the IPL and related activities
  - ▶ MCCMH's Medical Director has established the need for improved mortality reviews and root cause analyses in the deaths of consumers in which the use of psychoactive substances are a factor.
  - ▶ MCCMH representatives have been active in the discussion of screening instruments and procedures and MCCMH is committed to an active role in the pilot of screening / assessment tools and procedures.
- C) Briefly describe the changes that have occurred and milestones achieved in the last quarter. Attach the products developed.
- IPL has been strengthened
  - Attendance at statewide training has increased the readiness of system leaders to express the commitment of MCCMH to implementation of the COD initiative.
- D) Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.
- MCCMH and MCOSA provide co-leadership of the COD initiatives, including discussion of personnel and recruitment of programs for participation, planning and delivery of training initiatives, and preparation for institution of welcoming and screening

- methodologies.
- ▶ Meetings between leadership staff of MCCMH and of Macomb DHS, Macomb ISD, and Macomb Juvenile Court/Juvenile Justice Center, the Macomb Prisoner Re-entry Initiative community team, and the Macomb Homeless Coalition continue to reference SAMHSA IDDT and how the implementation of the EBP would both assist and be aided by each of these other organizations. This discussion is particularly pertinent for the continuation of a "Mental Health Court" project with the Circuit Court, and for the development of intra-structure agreements and procedures for the SED Waiver.
- E) Briefly describe the progress of each of the Co-occurring Disorder project goals and objectives of this quarter. Include an update on systems assessment utilizing the Co-Fit or COMPASS, development of action plans on the self-assessment, and progress on action plans. Please attach initial work plan based on this assessment and amendments, if any, for each of the quarters.
- 1) Convene meetings with other stakeholders including MCOSA to address co-occurring disorders.

Meetings with leaders for the Macomb County Office of Substance Abuse are occurring regularly to facilitate development of providers and to plan coordination of services and joint training. Other Macomb County organizations (e.g., Circuit Court, DHS, MISD) are updated on the IDDT as part of on-going meetings with those organizations.
  - 2) Participate in DCH IDDT workgroups and Policy Academy Workgroups.

Jim Wargel and Helen Klingert attended on-going state-wide training sessions and committee meeting associated with the implementation of the IDDT COD EBP. This participation included general IDDT COD EBP committee meetings, as well as meetings of the Measurement sub-committee, and the Training Sub-committee. A member of the MCCMH QI department, Ray Rais, has participated in the statewide fidelity assessment group.
  - 3) MCCMH / MCOSA forms workgroup of clinicians to address Co-occurring Disorders: IDDT.
    - ▶ Provider organizations that will take the lead in the implementation of the COD IDDT initiative have been initiated but are not yet complete. Meetings with administrators and staff in these organizations are continuing separately at this time. As the organizations commit to the project, an advisory group will be formed to empower the implementation process and to deal with practical issues of implementation.
  - 4) MCCMH / MCOSA delivers training providing overview of Co-occurring disorders and the IDDT project to community partners, such as the Macomb County courts, Macomb County Sheriff and Police Chiefs organization, Macomb County DHS, the Macomb County MPRI Pilot project, the Macomb ISD, etc.
    - ▶ See second bullet point under item D. Information regarding the COD initiative has been delivered in on-going meetings and coordination projects rather than in a large formalized training venue.
  - 5) MCCMH / MCOSA delivers training providing overview of Co-occurring disorders and the IDDT project for professional staff at agencies in the MCCMH Behavioral Health Network and in the MCOSA Substance Abuse Network regarding screening for substance abuse and mental health issues in those currently using substances.
    - ▶ A system-wide training for provider agencies in the MCCMH and MCOSA panels has been held. It included a reprise of the discussion regarding program fidelity

requirement and methods for assessing program readiness using tools associated with the CCISC. It also included a discussion of the role of screening and methods of assessment, including dissemination of information regarding potential screening tools. The implementation of a particular screening tool has been postponed as discussion within state-level workgroups regarding instrument selection and process identification continue.

- 6) MCCMH / MCOSA assist agencies on the provider panels to develop an action plan to develop or refine capacity to serve consumers with Co-occurring disorders.
    - The system-wide training in April included a discussion of methods for assessing program readiness using tools associated with the CCISC. Characteristics of Dual-Disorder "Capable" programs and Dual-Disorder-"Enhanced" programs were also explained and reviewed. Programs were encouraged to use the tools regarding assessment of readiness and program fidelity to prepare a statement of their own intention to establish status either as a "Capable" or an "Enhanced" program.
  - 7) MCCMH / MCOSA develop an Action Plan to enhance system capacity to serve persons with Co-occurring disorders, and 8) MCCMH / MCOSA develop an Action Plan to address identified training and technical assistance needs.
    - MCCMH and MCOSA leadership continue to meet regularly to facilitate development of providers and to plan coordination of services and joint training. Both organization are committed to ensuring some Dual-Disorder "Enhanced" program capacity at each level of care (e.g., inpatient psychiatric care, SA detox programs, SA residential program, SA IOP, etc).
  - 9) PIHP provides additional training to professional staff at the MCCMH Access Center and at CARE, the access center contracted by Macomb Office Of Substance Abuse regarding screening for substance abuse and mental health issues in those currently using substances, and 10) MCCMH will provide training for professional staff at agencies in the MCCMH Behavioral Health Network and in the MCOSA Substance Abuse Network regarding screening for substance abuse and mental health issues in those currently using substances.
    - In addition to the training mentioned above, a training on screening and assessment and for resources within each provider panel is being planned for September.
- F) Briefly describe staff training and technical assistance obtained during this quarter. Explain how these will be utilized for the for program development and improving services. Please include staff coverage for the project with an organization chart showing the location of staff for this project.
- MCCMH and MCOSA staff participated in a conferencing process with Patrick Boyle from the OHIO CCOE. This will assist the selection of particular partners in the implementation of the IDDT project and helped to establish different ways in which the implementation could be developed.
  - MCCMH has identified a staff member from the QI department to participate in the fidelity assessment process across PIHPs. This staff attended a two-day training with Patrick Boyle regarding fidelity measurement and has begun regular participation in the team of fidelity assessors being further trained by representatives from Wayne State University.
- G) Briefly describe the barriers and issues encountered during this quarter and the action taken to address them (administrative, legal, policy, training, outcomes, funding, budget, data

encounter, grievances, etc.)

- Barriers encountered this quarter continue to be the same administrative, legal, and policy issues identified in the state-wide work groups (both the Policy Academy and the IDDT initiative Committees). Participation of MCCMH and MCOSA in these workgroups continues in expectation of resolution of many of these issues through those mechanisms.

H) For projects that are at the stage of implementing COD enhanced service models, provide the following information.

1) Briefly describe the PIHP action related to data collection, fidelity, and process monitoring activities to accomplish the project goal

- MCCMH is not yet ready to identify consumers served according to the guidelines of the EBP. MCCMH staff have been involved in the development of the statewide fidelity assessment team.

2) Describe the target population / program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during the fiscal year. (If possible, include the demographic of diagnostic data relevant to the project's goals).

- MCCMH is not yet ready to identify consumers served according to the guidelines of that EBP.

I) Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation / continuation with all the allocated resources. Should an amendment be initiated?

- Substantial time and travel commitments for leading staff have been assumed by MCCMH in this initial quarter.
- There is no need for an amendment at this time.

J) Describe the activities planned to address the project's goals and objectives for the next quarter.

- Continuing deployment of program self-assessment processes and follow-up survey of programs to determine the outcomes of the self-assessment process.
- Continuing development of capacity for fidelity measurement with the GOI and Fidelity Scale of the SAMHSA IDDT Toolkit through development of staff capacity for inter-agency fidelity assessment and through training to providers on critical elements of both the GOI and the IDDT treatment fidelity scales.
- Continuing clarification of screening and assessment tools for Dual Disorders in both the behavioral health and substance abuse networks of MCCMH through participation in state-wide work groups addressing this issue and exploration of methods for implementation of new screening/assessment methodologies.

Report Period: April 1, 2006 to June 30, 2006  
PIHP: Lakeshore Behavioral Health Alliance  
Program Title: Integrated Dual Diagnosis Treatment  
Executive Director: James Elwell  
Address: 376 Apple Avenue, Muskegon, Mi. 49442  
Contact Person: Teri Smith  
Phone: (231) 724-4592 Fax (231) 724-6042 e-mail: [smitht@cmhs.co.muskegon.mi.us](mailto:smitht@cmhs.co.muskegon.mi.us)  
PCA# 20708 Contract # 20061244 Federal I.D. #38-6006063

- A. Briefly summarize the Systems transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Improving Practices Leadership Team (IPLT) continues to meet monthly and oversees the implementation of five Evidence Based Practices: Family Psychoeducation, Integrated Dual Disorders Treatment, Parent Management Training, Recovery/WRAP, and Jail Diversion. In addition, it reviews reports from IPLT members serving on the state-wide Recovery Council and DD Practice Improvement Team. The IPLT has continued to discuss the Federal and State vision for a transformed mental health system, including proposed values, principles, and practices of a transformed mental health system. Further presentations and consensus building has taken place during this past quarter with the goal of adopting an affiliation vision for transforming the Lakeshore Behavioral Health Alliance.

- B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

Third quarter activities followed a successful day of training March 24<sup>th</sup>, with Drs. Ken Minkoff and Chris Cline. The PIHP, IDDT steering committee met in early April to process the training day and set agendas for further community inter-agency work and internal action steps. A follow up meeting, involving CMH staff, substance abuse agency and other stakeholders, was conducted on May 5, 2006 with participants beginning work on a CCISC document. A Strategic Issues List was developed with input from participants, of targeted improvement needs. Initial work on the CCISC agreement continued and is a necessary part of developing commitment and focus to work on improving our systems for the dually diagnosed consumer. After much discussion, a format was recommended and a revised draft was sent to participants for review.

On June 28, 2006, the second draft of the CCISC document and attached 25 item Strategic Issues List was developed with the collaborative group. The steering committee recommended and it was agreed that a September meeting will be scheduled for a final review of the consensus document. Members agreed to work in each county on the strategic issues and meet as a larger PIHP group every six months to discuss continuous quality improvement initiatives, further barriers and common concerns.

Meetings also occurred within each county CMH to establish action plans and begin work on further training agendas. Consumers have also been involved in the Minkoff training and subsequent meetings. During June the steering committee met to continue work on establishing training for clinical staff to become capable of assessing and providing treatment planning for dually diagnosed consumers. It was decided to contract with Dr. David Mee Lee for a day of training in August. Also, curriculums, DVD training videos and other training materials were ordered.

- C. Briefly describe the changes that have occurred and milestones achieved in the last quarter. Attach the products developed.

The continued work of the inter-agency collaborative work group has identified areas of consensus and a desire to improve the systems. Please see attached CCISC draft #2 and the Strategic Issues List.

- D. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

The primary effort during this quarter followed the Minkoff conference. Two meetings were held to facilitate the development of the Consensus Document and the Strategic Issues List. These were developed through a collaborative effort. Relationship building during this stage has increased communication and collaboration that affects other areas of work. Examples are: increased communication of agency representatives involved with Prisoner Re-entry Programs, Jail Diversion and offers to be involved in training efforts across agencies.

- E. Briefly describe the progress of each of the Co-Occurring Disorder project goals and objectives this quarter. Include an update on systems assessment utilizing the Co-Fit or Compass, the development of action plans based on this self-assessment, and progress on action plans. Please attach initial work plan/action plan based on this assessment and amendments, if any, for each of the quarters.

The goals of the third quarter are being addressed in the following manner:

- Clinical work groups are being established in each county. (See the Muskegon action plan attachment).
- Training resources, curriculums and resources are being explored, but not yet set.
- Training with Jack Klott has not yet been scheduled.
- Due to summer vacation schedules visits to other CMH programs have not yet occurred.
- Clinical training with Dr. Mee Lee is scheduled for August 4, 2006 for 100 clinicians.
- Work on establishing multi-disciplinary teams will be delayed until staff trainings are established.
- Work on the CCISC document and Strategic Issues List is nearly complete.
- Work will continue into the next quarter and second year on system change and efficiency

The COMPASS was completed in January and will be administered again, after changes are implemented to measure CQI efforts.

- F. Briefly describe staff training and technical assistance obtained during this quarter. Explain how these will be utilized for the program development and improving services.

During this quarter Cathy Hart, PIHP consultant, and Teri Smith, Muskegon CMH IDDT implementation leader, participated in a Fidelity training conducted by Patrick Boyle. This training expanded our knowledge of the expectations of the evidence based practice and quality measurement, which can be integrated as we develop our expanded service. Also, Teri Smith and Pat O'Rourke, Ottawa Co. attended a valuable share and learn session with other program participants, at Lansing Community college. Several staff have registered to attend the Patrick Boyle training in August.

- G. Briefly explain the barriers and issues encountered during this quarter and the action taken to address them (administrative, legal, policy, training, outcomes, funding, budget, data, encounter, grievances, etc.)

Both Muskegon and Ottawa Counties are adjusting to a change in computer systems to Avatar. Staff time dedicated to this new implementation makes it difficult to gain base line data and begin to improve systems. In Muskegon, efforts to improve assessment tools were met with resistance due to software changes. Efforts to organize work groups and plan trainings have been slowed by summer vacations and staff work loads being increased during this period. However, there is continued enthusiasm for the importance of staff making a shift in approach to a recovery model and more effective treatment planning for the dually diagnosed consumer. Both counties have work groups proposing changes in forms, treatment counseling and group work. The administrative logistics are sometimes cumbersome.

- H. Lakeshore Behavioral Health Alliance programs are not ready to develop enhanced services at this time.
- I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with the implementation/continuation with all the allocated resources? Should an amendment be utilized?

At this time funds are being allocated as scheduled.

- J. Describe the activities planned to address the project's goals and objectives for the next quarter.

On August 4, 2006, Dr. Mee Lee will conduct training on stages of change and motivational interventions. This presentation will begin a series of trainings for clinicians in each county. During August and September clinical work groups will establish time frames for more intensive training and clinical supervision on motivational counseling and dual disorder treatment. During the next quarter the system-wide collaborative work group will meet again to review the CCISC draft and Strategic Issues List.

## **ATTACHMENT C – CO-OCCURRING DISORDERS NARRATIVE REPORTING REQUIREMENTS**

A program narrative report must be submitted quarterly. Reports are due 30 days following the end of each quarter. (For the first three quarters, reports are due January 31, April 30, and July 31, 2006. The **final report\*** must address the entire fiscal year and is due October 31, 2006). The format shown below should be used for all narrative reports.

**\* FINAL REPORT:** Include a clear description of the actual project outcomes, the specific changes that occurred, and the impact that the project has had on the intended recipients as a result of the intervention. Did the project accomplish the intended goal? Briefly describe the results.

**Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Co-occurring Disorder: Integrated Dual Disorders Treatment  
Program Narrative  
Quarterly Report**

**Report Period:** April-June 2006  
**PIHP:** Network180  
**Program Title:** Mental Health System Transformation Practice Improvement Infrastructure Development Grant  
**Executive Director:** Paul Ippel  
**Address:** 728 Fuller Ave NE, Grand Rapids, MI 49503  
**Contact Person:** Jane Konyndyk  
**Phone:** 616-336-3765 **Fax :** 616-336-3593 **E-mail :** Janek@network180.org  
**PCA #** 20710 **Contract #:** 20061245 **Federal ID:** 38-6004862

**A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.**

The Improving Practices Leadership Team (IPLT) at Network180 has maintained the full complement of requirement membership as specified in the Request for Proposals. The IPLT is scheduled to meet monthly, and has met on three occasions in the past quarter. The Guiding Principles were finalized and approved by the group in the 2<sup>nd</sup> Quarter. In the 3<sup>rd</sup> Quarter, the IPLT developed an Action Plan. Progress has been made on two steps in the Plan:

1. Developed a process to review all of EBPs that are currently in use/or in development in the Network180 system of care.
  - Identified the Network180/provider staff responsible for each EBP

- Developed the IPLT EBP Report Form (see attached) to be completed by Network180/provider staff responsible for EBP implementation for presentation to the IPLT
  - i. First EBP to be presented was Motivational Interviewing at the June IPLT meeting
  - ii. DBT is scheduled for the July IPLT Meeting
- 2. Established a Data Team made up of Network180 and provider staff to review data available on EBP

**B. Briefly describe the Systems Change process activities during this quarter related to the integration of Mental Health and Substance Disorder services and the impact of this Evidence-Based Practice process on creating systems change.**

Network180 completed the following activities related to Systems Change:

1. The CCISC Initiative Agreement 2006 provides for incentive payment for five specific activities related to the advancement of this integration project. A Training and Supervision Plan is one of the five activities eligible for an incentive, and was due April 2006.
2. The CCISC Team met once in the past quarter. The purpose of the meeting was to review the Training and Supervision Plans 2006 in order to:
  - Determine if the provider/system had sufficient resources to provide the planned trainings
  - Provide the opportunity for CCISC Trainers to link with providers in need of trainers
3. A joint meeting of the trainers from network180, Venture, Oakland was held in May 2006. The purpose of the meeting was to share experiences, ideas and challenges. Another joint meeting of the trainers is planned for the 4<sup>th</sup> Quarter.
4. Ken Minkoff MD and Chris Cline MD continue to provide consultation to the Network180 system. The next site visit is planned for the 4<sup>th</sup> Quarter.
5. The CCISC Curriculum Committee has continued to work on the development of training modules. It is anticipated that this committee will complete this project by the end of the fiscal year.
6. Network180 has begun the 2<sup>nd</sup> annual administration of the COFIT. Facilitated by two members of the CCISC Leadership Group, the group involved in the process includes other Network180 Leadership Group staff as well as contract management staff.
7. The Network180 contract management staff met with the Network180 members of the CCISC Leadership Group to discuss the changing role of contract managers in the integration effort. As of October 1, 2005 Co-Occurring capability became a contract expectation, and therefore falls under

the prevue of contract managers. The template for contract management meeting minutes will be amended to include review of agency activity with regard to CCISC, including review of Action Plans and Training and Supervision plans. Training in the CCISC Principles will be provided to the Network180 contract management staff.

8. The CCISC Leadership Group met with system providers to identify benchmarks for Welcoming and Data Collection.

**C. Briefly describe the changes that have occurred and milestones achieved in the last quarter. Attach the products developed.**

Ti reported that they have begun to "stage" clients in their team meetings with regard to readiness to address mental health and substance use disorders. This is a significant step in the implementation process. Done within the team meeting setting, it serves as joint learning experience, as the case managers practice application of their new skills.

The tow other IDDT providers are also moving towards implementation, but due to their structure will not be able to have strict adherence to the model.

**D. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.**

Network180 participated in the following Collaborative Efforts during the 3<sup>rd</sup> Quarter:

1. The three network180 Process Improvement Teams that came out of the COFIT all had provider representation. These Teams remain active.
2. As was mentioned previously, the CCISC Team, the CCISC Curriculum Committee, and the CCISC Trainers, and the CCISC Leadership Group all have significant provider representation.
3. The CCISC Team members work together to share training resources and opportunities.
4. Network180 staff is available to provide training on the CCISC Training Modules and the CCISC Principles.
5. The CCISC Trainers/Teams from Network180, Venture and Oakland met in May 2006.
6. In collaboration with Kalamazoo CMH, network180 organized the first Learn and Share for PIHPs.

**E. Briefly describe the progress of each of the Co-occurring Disorder project goals and objectives of this quarter. Include an update on systems assessment utilizing the Co-Fit or COMPASS, the development of action plans based on this self-assessment, and progress on action plans. Please attach initial work plan/action plan based on this assessment and amendments, if any, for each of the quarters.**

Network180 most recently completed the COFIT in January 2005. The COFIT was scheduled to be repeated in the second quarter of FY2006, however, we were not able to meet this timeline. The COFIT was rescheduled for the 3<sup>rd</sup> Quarter and is currently in process.

Three Process Improvement Teams were developed as a result of the 2005 COFIT. The Process Improvement Teams focused on Welcoming, Screening, and Data. The Welcoming PIT has made recommendations for changes at our administrative site and our Access Center. These changes are currently under review. The Data PIT has worked in collaboration with the Screening PIT to identify and report data elements related to the prevalence COD. This information will be collected at authorization through our Access Center and any point of access in the provider system. This data collection process was successfully piloted at our Access Center, and is now being piloted at two provider sites. System wide use of this data collection process is tied to changes to our authorization system and electronic record. It was anticipated that these changes would be completed in the 3<sup>rd</sup> Quarter; however, we were not able to meet this deadline, and now anticipate completion by the 4<sup>th</sup> Quarter.

**Year One Project Goals:**

1. Identify the providers that have the capability to develop enhanced co-occurring treatment. The number of providers receiving an allocation will be determined based on funds needed for each program.  
Timeline: October 2005

Network180 selected Touchstone innovare, Gerontology Network and Hope Behavioral to receive funding for IDDT.

Status: Completed

2. Identify agency enhancements necessary for general organizational support for this evidence-based practice sufficient to meet fidelity requirements.  
Timeline: October 2005

Selected providers identified enhancements necessary to support the implementation of IDDT with regard to staff training/development and organizational support.

Status: Completed.

3. Develop capacity and an implementation plan for monitoring IDDT fidelity.  
Timeline: September – November 2005

Network180 has four representatives who attended the Fidelity Measurement training with Patrick Boyle. Each representative has continued involvement and is member of the MiFAST group. The first fidelity measure is scheduled to take place at Touchstone innovare in July 2006. Additionally, each provider has completed each of the Fidelity Measures and received consultation from Patrick Boyle.

Status: Completed

4. Develop an evaluation plan for the project.  
Timeline: September – November 2005

The Community Living Adaptation Scale (CLAS) is used as an outcome tool by each of the providers selected to implement IDDT. This tool may be continued as part of the evaluation plan for this project. Network180 has a consultation planned with Patrick Boyle in August 2006, our plan is to address the issues of outcomes during that visit.

Status: In process

5. Implementation of IDDT enhanced programming.  
Timeline: December 2005

Status: The consultations that our providers have had with Patrick Boyle have been helpful. The expectation is that each provider will develop an Action Plan that will address remaining barriers to implementation.

6. Implementation for the evaluation plan for IDDT enhanced program.  
Timeline: December 2005

Status: In process, see #4.

7. Improving Practices Leadership Team meets on a regular basis to review the implementation and evaluation information.  
Timeline: October 2005 – ongoing

Status: The Improving Practices Leadership Team is scheduled to meet on the 3<sup>rd</sup> Wednesday of every month and has followed this schedule since the inception of the Team. The team has developed Mission, Vision and Values statements and an Action Plan. The Team has identified all of EBPs currently implemented in our system. The Team currently is in the process of reviewing each EBP.

**F. Briefly describe staff training and technical assistance obtained during this quarter. Explain how these will be utilized for the program development and improving services. Please include staff coverage for the project with an organizational chart showing the location of staff for this project.**

Network180 contracted with three agencies to provide IDDT. Each of the IDDT providers has identified a team responsible for implementation. These implementation teams meet with Network180 staff on a quarterly basis. All of the providers reported staff training on topics related to the treatment of Co-occurring disorders in general, and IDDT in particular. One of the providers, Touchstone Innovare, met with Patrick Boyle in March 2006. Hope Behavioral and Gerontology Network submitted the GOI Fidelity Measure and the IDDT Fidelity Measure to Patrick Boyle and had telephone consultation in the 3<sup>rd</sup> Quarter. Network180 staff participated in the telephone consultations.

As was previously stated, IDDT is being implemented at three provider sites in the Network180 system. Touchstone innovare has selected existing ACT Team that is made up of ten clinicians and more than 100 clients. Gerontology Network had intended to create a new IDDT Team, but has since decided to implement IDDT agency wide in all clinical services. Hope Behavioral does not have case management "teams", but does provide a case management service in residential programs. Hope will implement the principles of IDDT, even though they will not be able to replicate the team structure of the model.

Network180 sent four representatives to the IDDT Fidelity training with Patrick Boyle in March 2006. These individuals have maintained involvement and are continuing members of Mi FAST.

**G. Briefly explain the barriers and issues encountered during this quarter and the action taken to address them (administrative, legal, policy, training, outcomes, funding, budget, data encounter, grievances, etc.).**

IDDT providers have expressed concerns with regard to the following:

- Compatibility of ACT and IDDT- the concern is that the team treatment model of ACT and the substance abuse counseling component of IDDT (which assumes a primary relationship with one team member) are not compatible
- The new rules with regard to licensing for BSWs has been interpreted by some providers as prohibitive of the motivational interventions and the substance abuse counseling components of IDDT

Network180 has contracted with Patrick Boyle to provide consultation to the network180 system to address these issues.

**H. For projects that are at the stage of implementing COD enhanced service models, provide the following information:**

1. **Briefly describe the PIHP action related to data collection, fidelity, and process monitoring activities to accomplish the project goal.**
2. **Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal**

**year. (If possible, include the demographic of diagnostic data relevant to the project's goals.)**

One of the Network180 IDDT providers, Ti, is approaching implementation. This program is scheduled for a fidelity measure in the 4<sup>th</sup> Quarter.

- I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?**

The CCISC Integration Project with Minkoff and Cline and the related training and leadership structure are a source of on-going in kind support for this project.

- J. Describe the activities planned to address the project's goals and objectives for the next quarter.**

1. Network180 will continue to have regular meetings with the IDDT funded providers and offer technical assistance as requested.
2. Network180 will collaborate with the IDDT funded providers to develop an IDDT Quarterly Report.
  - i. Network180 staff will provide a quarterly update to the IPLT based on the IDDT Quarterly Reports in 2007.
3. The Improving Practices Leadership Team will continue to meet and further define the role of the Team through the Action Plan.
4. Network180 will continue to provide support and structure of the CCISC Integration Initiative.
5. The IDDT funded providers will begin implementation in the 4th Quarter of FY2006.
6. Network180 will continue support of the representatives involved with the IDDT Fidelity Measurement.
7. Network180 has contracted with Patrick Boyle to provide consultation to the IDDT providers on August 11, 2006 to address the following.
  - i. Policy Issues- there is a meeting scheduled between Patrick Boyle and the administrative/lead staff to discuss organizational issues
  - ii. Clinical Issues- there is a meeting scheduled between Patrick Boyle and the supervisors and clinical staff to discuss clinical issues

## ATTACHMENT C – CO-OCCURRING DISORDERS NARRATIVE REPORTING REQUIREMENTS

A program narrative report must be submitted quarterly. Reports are due 30 days following the end of each quarter. (For the first three quarters, reports are due January 31, April 30, and July 31, 2006. The **final report\*** must address the entire fiscal year and is due October 31, 2006). The format shown below should be used for all narrative reports.

\* **FINAL REPORT:** The format shown below must be used to summarize the activities during the entire project period.

### Michigan Department of Community Health Mental Health and Substance Abuse Administration Co-occurring Disorder: Integrated Dual Disorders Treatment Training Grant Performance/Progress Reporting Requirements Quarterly Report

Report Period: April-June 2006  
 PIHP: network180  
 Program Title: Integrated Dual Disorders Treatment Training Grant  
 Executive Director: Paul Ippel  
 Address: 728 Fuller NE Grand Rapids, MI 49503  
 Contact Person : Jane Konyndyk  
 Phone: 336-3765 Fax: 336-3593 E-mail: janek@newtork180.org  
 PCA # 20719 Contract # 20061245 Federal ID: 38-6004862

- A. Summarize the activities that have occurred related to this project during the reporting period. Include progress made on planning and conducting each of the planned training events (unless completed during a prior reporting period).**

April 11 and 12, 2006 David Mee-Lee MD

April 11, 2006

"Integrating Services for People with Co-Occurring Substance Related and Mental Health Disorders: Are You Ready?"

Training Objectives:

- Review context and background of the behavioral health field that has created attitudinal and values differences that have contributed to the fragmentation
- Identify specific practices for integrated services with demonstrated effectiveness in services research
- Apply ASAM multidimensional assessment to develop services that meet the multiple needs of people with co-occurring disorders
- List ways to implement immediate changes in daily clinical work to improve integrated care

April 12, 2006

"How to Make Integrated Service really Work: Bringing Together the Treatment Team, Consumers, Services and Documentation"

Training Objectives:

- Review principle of person centered treatment and the implications for co-occurring disorders
- Discuss how to align clinical teams and services and documentation to integrate treatment in co-occurring disorders
- Identify ways to involve consumers, families and other practitioner in treatment planning, and individual and group work that makes sense to clients

May 30, 2006 Learn and Share

The Learn and Share event was a half-day interactive session for staff responsible for planning, implementing and delivering co-occurring treatment and IDDT.

- Panel presentation by Jane Konyndyk from Network180, Jennifer Harrison Kalamazoo CMH, and Roberta Walker from Southwest Counseling Solutions
  - Consensus Agreements
  - Physician Involvement
  - Coordinating Agency Involvement
  - Improving practices Leadership Teams
- Participant Discussion on topics related to program implementation
  - Welcoming
  - Readiness and Stage-Wise Treatment
  - Organizational Readiness
  - Finance/Data Collection
- Learning Marketplace to find resources and ideas that will help local efforts

**B. Describe whether planned activities have taken place and explain any delays.**

The training with Dr. Mee-Lee planned for this reporting period took place as scheduled. The Learn and Share that was scheduled for May 23 was rescheduled to May 30, 2006, and took place on that date.

**C. Describe whether project goals will be achieved or explain if not.**

It is anticipated that the collaboration with DCH and the IDDT EBP Subcommittee will continue as planned in the Statement of Work. A minimum of six trainings will be provided to support the integration of mental health and substance abuse treatment in the State of Michigan. This is an increase from the four trainings originally planned in the Statement of Work. The Statement of Work has been amended to reflect this change.

The services and activities described in #3 in the Statement of Work have been sub-contracted to the Michigan Association of Community Mental Health Boards.

**D. Describe how contract resources were used during the reporting period and how the expenditures relate to the project goals.**

The goals identified in the RFP related to systems change/transformation and promotion of EBP are clearly supported by the training/consultation expenditures for the 3rd quarter of FY2006. Expenditures totaled \$9,737.83 for April-June 2006.

April 11 and 12, 2006 David Mee-Lee MD

Expenditures totaled \$4200.36 for fees and travel expenses. The total cost for this event was offset by conference fees paid by participants.

May 30, 2006 Learn and Share

Cost for this event was covered by Network180

March 30 and 31, 2006 Boyle

Expenditures for this event totaled \$5,537.47.

**E. Describe attendance at any of the planned training events held during the quarter and attach a summary of the satisfaction surveys.**

April 11, 2006 David Mee-Lee

"Integrating Services for People with Co-Occurring Substance Related and Mental Health Disorders: Are You Ready?"  
213 Attendees, 7 DCH Staff

April 12, 2006 David Mee-Lee

"How to Make Integrated Service really Work: Bringing Together the Treatment Team, Consumers, Services and Documentation"  
206 Attendees, 7 DCH Staff

May 30, 2006 Learn and Share

32 Attendees

See attached satisfaction surveys.

**F. Briefly describe how these trainings have impacted systems change at the state and regional level.**

These trainings have had an impact on systems change at the regional and state level:

- State Level: Dr. Mee-Lee provided training on the clinical interventions that are central to all integrated services, and to IDDT in particular.

- Regional Level: The Learn and Share provided administrative and clinical staff the opportunity to discuss successes and challenges that are part of each local experience as we all move toward the goal treatment for COD. It provided the opportunity for us to learn from one another, share resources and expertise, and recognize that some problems are shared across multiple regions and will require broad solutions.

**G. Indicate if any amendments are necessary.**

As was previously stated, an increase in the availability of funds has allowed for two additional statewide trainings in FY 2006. The Training Budget and Statement of Work have been amended accordingly. The amendment to the contract with the Michigan Association of Community Mental Health Boards is in process.

**Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Co-occurring Disorder: Integrated Dual Disorders Treatment  
Program Narrative  
Quarterly Report**

**Report Period** 4/1/2006 - 6/30/2006

**PIHP Northwest Affiliation**

**Executive Director** Greg Paffhouse

**Address** 105 Hall St, Suite A, Traverse City MI 49684

**Contact Person** Joseph Garrity

**Phone:** (231)-935-4415 **Fax** (231)-935-4495 **E-mail** Joe.garrity@nlcmh.org

**PCA#** \_\_\_\_\_ **Contract #** \_\_\_\_\_ **Federal ID** \_\_\_\_\_

**A: Systems Transformation Efforts:** The Improving Practices Leadership Team continues to meet on a quarterly basis. The last meeting was held on June 13, 2006 in the Northern Lakes CMH Cadillac office. The revised Charter Agreement, along with completed attachments, was reviewed. The Charter has been adopted by NLCMH, West Michigan CMHS and Northern Michigan Substance Abuse Services. It is recognized as a "work in progress". It is believed that the Charter will be amended when additional information is obtained that suggests revisions. Revisions were made following analysis of the initial COFIT evaluation. NLCMH and the Northwest Michigan CMH Affiliation have revised policies and procedures that address the concept of Welcoming, No Wrong Door, and Accessibility, based on the CCISC work of Drs' Minkoff and Cline. The revised Charter has five attachments that have been completed. The COFIT assessment summary was completed and the Charter Action plan was scheduled to be completed at the Charter Steering Committee Meeting on July 6.

**Future Meeting Schedule**

The IPLT will continue to meet on a quarterly basis. The next IPLT meeting is scheduled for September 12, 2006 at NLCMH Traverse City office. The Charter Steering Committee has met at least quarterly and will continue to do so.

**Structure/membership: of the group**

**Systems Change Process:** As noted in the first two reports, an overall Co-occurring Disorders (COD) PIHP leadership team, consisting of members from the IPLT leadership team was formed and includes members Bill Slavin representing the PIHP, John Sternberg of West Michigan CMHS, Joe Garrity of NLCMH and Sue Winter representing NMSAS. This group has continued to meet to review current status of the Charter Agreement and to analyze and implement suggestions from the COFIT. John Sternberg has left employment at West Michigan CMHS and Josh Snyder will take his place on the committee. Drs. Cline and Minkoff will return to Traverse City on August 30. At that time they will provide additional technical assistance on the Systems Change initiative. Drs. Minkoff and Cline will provide a seminar to NLCMH, WCMHS, and local psychiatrists on psychopharmacological

interventions with consumers diagnosed with COD. It is anticipated that Dr. Minkoff will conduct case reviews and consultation with the COD-IDDT team and provide training on Integrated Longitudinal Strength based Assessments (ILSA). Joe Garrity, John Sternberg and Bill Slavin remained involved with State of Michigan subcommittees for training and workforce development and measurement groups. A Fidelity Review is scheduled to take place in the Traverse City Office on August 9 and 10, 2006. It is anticipated additional changes may be made to the systems of change initiative once the review is completed. The Northwest Michigan CMH Affiliation and NLCMH policies and procedures have been updated to include language on Welcoming and Accessibility. The Northwest Michigan CMH Affiliation remains active with the Network 180 Center of Excellence and receives technical assistance from Network 180

**A. Milestones:**

1. Developed Charter Regional Agreement (attachments four and five are completed and attached.)
2. Improving Practices Leadership Team continues to meet on a quarterly basis.
3. The Charter Agreement was adopted by NMSAS and Northwest Michigan CMH Affiliation.
4. Internal training begun at NLCMH Northwest ACT team using Motivational Interviewing DVDs from Steven Miller and Jeremy Roenick.
5. Clinical Leadership Team completed the second COMPASS for NLCMH.
6. NLCMH NW ACT Team completed a COMPASS.
7. Dr. Minkoff and Dr. Cline completed a follow up session with the PIHP Leadership Team.
8. Drs. Minkoff and Cline met with the ACT team to begin work on implementing IDDT-COD program.
9. Phone consultation was completed with Patrick Boyle on April 13, 2006. Patrick indicated that the Northwest CMH Affiliation has a COD-IDDT team in place. A baseline fidelity review is scheduled for August 9 and 10, 2006.
10. The Northwest Michigan CMH affiliation has contracted with Heather Flynn, PhD, a certified MINT trainer. She will provide Motivational Interviewing training July 26 and 27, 2006.
11. Patrick Boyle will Provide COD-IDDT training September 13 and 14, 2006.
12. Coverage is being arranged for the ACT Team for the Motivational Interview training and the COD-IDDT training.

**B. Consensus Building and Collaborative Service Efforts:** The Charter Steering Committee Leadership Team met in June to finalize the Charter Agreement and to complete the 2006-2007 work plan. These results were incorporated into the working draft of the Charter Agreement as attachments D and E. The Charter Steering Committee is adopting a “common language” and “glossary of terms” document to ensure that communication between and within agencies remains

consistent. The Charter Steering Committee Leadership Team meetings will continue in the next quarter. Staffs from several providers including the local psychiatric hospital, SA providers, CA, and consumers are invited to the Motivational Interviewing Training in July and to and attended the Drs. Minkoff and Cline workshop in August. Local Psychiatrists from NLCMH, WCMCHS, and Munson Medical Center will be invited to participate in a seminar conducted by Drs. Minkoff and Cline on August 30, 2006. Clinicians from NLCMH, WCMCHS, NMSAS and local SA Providers will be invited to the two day intensive COD-IDDT workshop presented by Patrick Boyle on September 13 and 14. NLCMH will continue to participate in "Quarterly Detox" meetings conducted by Addiction Treatment Services in Traverse City.

**C. Project Goals: (From COD Checklist) Accomplished or Substantially Accomplished Third Quarter FY 2005/2006. (The following was submitted to DCH with the FY 2006/2007 Grant submission)**

1. *PIHP convenes meetings with other stakeholders including Substance Abuse Coordinating Agencies to address co-occurring disorders:* Ongoing meetings are occurring with other stakeholders including local SA providers, the regional CA, Northern Michigan Substance Abuse Services (NMSAS), and the local psychiatric hospital, Munson Medical Center. NMSAS is involved in quarterly Northwest Michigan CMH Affiliation meetings. A Regional Charter agreement that includes both CMHSP's within the Affiliation, NMSAS, and local CA providers was submitted and approved by the IPLT on June 13, 2006. NMSAS has also adopted the Charter Agreement. The Charter Agreement was based on the results of the baseline COFIT that was conducted and was reviewed with Drs. Minkoff and Cline and has been subsequently revised. It is considered a working document that will be amended based on on-going assessments. Both CMHSP's, West Michigan CMHS, and Northern Lakes CMH, will complete local Charter Agreements that may include local SA providers and other involved participants, such as corrections, law enforcement, drug courts and local emergency rooms. It is expected that the Regional Charter Agreement will serve as a template for local Charter Agreements. NMSAS has a representative present at the Quarterly meeting of the IPLT and they also attend monthly Utilization Management and Quality Oversight Committee meetings.
2. *PIHP identifies a program leader for Co-occurring Disorders: Integrated Dual Disorder Treatment:* Joe Garrity remains in this position. John Sternberg had served as the MI specialist and as the representative for West Michigan CMHS; Josh Snyder has been assigned as the West Michigan CMHS representative since John has left employment at WCMCHS. Tom Vinette is the lead worker for the NLCMH Traverse City ACT team. He is involved in the leadership of the COD-IDDT treatment team. Val Bishop will serve as program leader for the Southeast Counties of NLCMH.
3. *PIHP access centers have professional staffs that are trained to screen for both mental illness and substance disorders:* The access team has attended trainings

with Patrick Boyle and Dr. David Mee Lee. Members of the access team were included in the Patrick Boyle March 13 phone consultation. Members will also be involved in Motivational Interviewing training and in the Patrick Boyle COD-IDDT training scheduled for September 13 and 14, 2006. NLCMH has adopted the DALI 14 to screen for COD, which is in the process of being made available electronically. Additional training will be conducted in the use of this document. NLCMH will review the ASI-MV (Addiction Severity Index-Multi-Media Version), tool that screens for substance abuse and mental illnesses. Currently NMSAS uses this tool and requires it as part of their contract with SA treating facilities. If adopted this will provide uniform reporting across systems.

4. *PIHP forms an ongoing workgroup of administrators to address Co-occurring Disorders: Integrated Dual Disorder Treatment:* A leadership team has been formed to address Co-occurring disorders. The IPLT continues to meet and has conducted three quarterly meetings. Additionally, at the meeting on IPLT meeting on June 13, 2006, the working Charter Agreement was reviewed and approved.
5. *PIHP forms an ongoing workgroup of clinicians to address Co-occurring Disorders: Integrated Dual Disorder Treatment:* NLCMH Northwest has formed a Clinical Leadership Team. This team completed a COMPASS and have reviewed and completed the GOI Fidelity measurement tool and COD readiness checklist. This team met via phone with Patrick Boyle on March 13, 2006. The team is involved in local training using a series of DVDs; specifically, the Motivational Interviewing: Professional Training Series, 1998 by William R. Miller & Steven Rollnick. There is a discussion of the material and case example and how this might be implemented with current clients. The team will receive advanced training on Motivational Interviewing Techniques July 26 and 27, 2006 when Heather Flynn a certified Motivational Interviewing Trainer provides training in Traverse City. Motivational Interviewing techniques are a component of COD-IDDT treatment. It is planned that the training will be on-going, utilizing purchased source materials including books and AV material. Currently several key staff are evaluating the material and will make recommendations as to suitability and time lines to present the material.
6. *PIHP uses the COFIT to assess where the system is with respect to its ability to serve people with Co-occurring Disorders:* The Northwest Michigan CMH Affiliation completed the initial COFIT on January 11 and 17, 2006. Results were analyzed and have been incorporated into the Regional Charter Agreement. The CO-FIT will be repeated on an annual basis.
7. *The PIHP develops an Action Plan that addresses co-occurring capability for the system as a context for the implementation of the COD: IDDT Resource Kit and includes identified training and technical assistance needs:* The Northwest Michigan CMH Affiliation has developed COD-IDDT-EBP action plans for the next three fiscal years. These plans have been modified based on the results of the CO-FIT, COMPASS and GOI assessments that were completed. The GOI Fidelity assessment and IDDT-COD were completed in March prior to the phone consultation with Patrick Boyle. David Branding, Director of Quality

Improvement for NLCMH and John Sternberg attended a GOI Fidelity Assessment workshop with Patrick Boyle. David Branding has become part of a statewide GOI Fidelity assessment team. The GOI Fidelity review Team will complete a GOI assessment on August 9 and 10 in the Traverse City office.

8. *Providers use the COMPASS to assess themselves:* Per the local CA (NMSAS) the SA providers have completed the COMPASS in the nine county Northwest Michigan CMH Affiliation area. NLCMH Northwest completed an initial COMPASS in January of 2005. A second COMPASS was completed by the NLCMH Northwest Clinical Leadership team in January 2006. The NLCMH Northwest ACT team has been identified as the initial IDDT-COD team. The ACT team completed a COMPASS in January 2006. A training plan was developed based on results of the COFIT, COMPASS, and GOI Fidelity Review.
  9. *PIHP builds ongoing training and teamwork into its system:* The PIHP has contracted with Drs. Minkoff and Cline to provide onsite consultation and training. The Northwest Michigan CMH Affiliation has contracted with Patrick Boyle to provide onsite training to clinicians. Patrick Boyle will provide this training (Beginning and advanced COD-IDDT treatment) on August 10 and September 13 and 14, 2006. The ACT Team received initial training from Dr Minkoff and Dr Cline January 27, 2006. They have received additional IDDT-COD training from Joe Garrity. Tom Vinette procured a series of Motivational Interviewing Professional Training DVDs. (from Steven Rollnick and Bill Miller). The ACT Team has been reviewing the DVDs, with accompanying case presentations. Heather Flynn, PhD will conduct initial and advanced motivational interviewing training July 26 and 27, 2006. The ACT team has begun team meetings where they use Stage of Change theory to identify individual consumer's strengths and needs, in relation to substance abuse. They are beginning to develop stage matched treatment. The consumer's strengths and weaknesses will be used to assist consumers in developing PCPs based on stage of change theory. During FY 2006/2007, the Northwest Michigan CMH Affiliation will continue to work with Drs. Cline and Minkoff as well as Patrick Boyle to provide training to clinicians. Dr. Mee Lei, will provide training on Integrated Person Centered Planning with Individuals with COD. The Northwest Michigan CMH Affiliation plans to have two staff trained as Motivational Interviewing Network Trainers. These staff will continue to provide ongoing training to NLCMH and WMCMHS and may provide training to local CA providers.
- D. Training and Technical Assistance:** Patrick Boyle will provide additional Training and Technical assistance to the Northwest Michigan CMH Affiliation on August 10 during the baseline fidelity review. He will return in September 2006 to provide in-depth training on CO- IDDT. Additional training has been provided by Joe Garrity, MSW to the Outpatient Therapy, CSM and ACT teams. The clinical leadership team has been involved in working with Network 180 and SAMSHA COCE TA. Coverage will be arranged for the ACT team once Motivational Interviewing training begins July 26 and 27, 2006. The outpatient team will provide coverage for the ACT team. In addition one FTE was added to

the Outpatient ES team to provide additional release time for Joe Garrity. Drs. Minkoff and Cline have visited NLCMH twice and will return August 30 to work with staff, review current progress, and work with NLCMH and WCMCHS psychiatrists on COD psychopharmacology. The PIHP leadership team continues to participate in training and technical assistance provided by DCH and will be attended a consultation with Dr. Cline on July 12.

**E. Barriers and Issues.** The primary barrier is staff time. NLCMH is currently working on ways to relieve staff to attend training. Attitudinal barriers remain but less resistance is being encountered than when the initiative was started. The Charter Agreement has been adopted by NLCMH, WCMCHS, NMSAS, and local SA providers. Munson Medical Center, the regional hospital in Traverse City, will be offered training and technical assistance. Initial contacts have occurred with Emergency Room Physicians. It is expected these contacts will increase. For example, a current practice at the local ER, encouraged by NLCMH past practice, is to wait until the client's BAL falls below the current legal limit for operating a motor vehicle (.08%). This is not consistent with the COD-IDDIT initiative. Ongoing meetings with local ER staff and hospital social work staff to review best practices in regard to assessments will be scheduled. While some policies, in regard to Welcoming and Accessibility of Services have been revised, they still do not reflect a job description that identifies competencies for singly trained clinician's at NLCMH. Another barrier to implementation not anticipated is the competition for the limited number of national experts/trainers. Both DCH and other PHIP's are competing for the same limited number of trainers. NLCMH and WCMCHS are considering ways to provide training on a regional basis and will consider sharing experts across boundaries. Due to the competition for training time, much of the anticipated training has been pushed back to the last quarter of FY 2005/2006. Unspent funds due to this circumstance are being requested for FY 2006/2007. It is anticipated the Northwest Michigan PIHP will develop a contract to provide ongoing leadership for the EBP for COD-IDDIT.

**F. *IDDIT-COD implementation***

1. The NLCMH Northwest has identified the use of the DALI 14 to improve SA screening data collection. The DALI 14 is being incorporated into the electronic assessment screening tool for NLCMH. The COD Leadership Team has worked collaboratively with the Information Technology Team to develop and implement a computerized data collection system. The Northwest Michigan CMH Affiliation is considering adopting The Addiction Severity Index-Multimedia Version. This screening tool is currently being used by SA providers and NMSAS. The tool, if adopted, will provide increased inter rater reliability and accessible electronic data related to the current numbers of COD -IDDIT individuals provided services.
2. Currently the PIHP is providing staff time to sustain the COD PIHP project. The next quarter (last quarter FY 2005/2006) is crucial and provides much of the critical training necessary to implement and sustain the COD-IDDIT initiative. Some of the grant money requested for this FY will be requested for next FY. Next FY will see implementation of the COD-IDDIT initiative in the NLCMH Traverse City Office. The remaining three locations in NLCMH will begin

implementation of the COD –IDDT initiative. WCMCHS is currently scheduled to begin this process in FY 2007/2008. However the timeline is open to change if indicated. It is expected the NLCMH Traverse City office will serve as a technical assistance center while improving the service delivery.

3. During the next quarter Motivational Interviewing Techniques Training will be provided to the Outpatient ACCESS and ACT team and Substance Abuse Providers by Heather Flynn, PhD from the University of Michigan in. A baseline Fidelity Review by the state wide “MiFast Team” will be conducted in the Traverse City Office. Drs. Minkoff and Cline will provide training in Integrated Longitudinal Strength Based Assessments (ILSA) as well as technical assistance on the CCISC initiative. Patrick Boyle will provide advanced COD –IDDT training to the COD –IDDT team in Traverse City as well as representatives from the other offices in the Northwest Michigan CMH Affiliation.

**Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Improving Practices Infrastructure Development Block Grant  
Co-occurring Disorder: Integrated Dual Disorders Treatment  
Program Narrative  
Quarterly Report**

Report Period	March 31, 2006 – June 30, 2006
PIHP	Saginaw County Community Mental Health Authority
Program Title	Improving Practices Infrastructure Development Block Grant – Co-Occurring Disorder: Integrated Dual Disorders Treatment
Executive Director	Sandra M. Lindsey, CEO
Address	500 Hancock Street, Saginaw, MI 48602-4292
Contact Person	Ginny Reed, Director of Network Services & Public Policy – Improving Practices Leadership Team Facilitator
Phone	989-797-3493
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PCA#	20715
Contract#	20061260
Federal ID	38-3192817

**A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.**

*The CEO of SCCMHA appointed the chairperson of the Improving Practices Team as well as team members during the summer of 2005. The 20 member Improving Practices Team met on May 18<sup>th</sup> during this period. The Improving Practices Team has been conducting reviews of current service practice areas, including Assertive Community Treatment and Supported Employment, Dialectical Behavior Therapy against fidelity requirements for those specific evidence-based practice areas. In addition, a review of evidence-based practices for children, adolescents and families was submitted to the SCCMHA Service Management Team for review and comments prior to broader dissemination.*

*COD/integrated services has been included in the SCCMHA strategic plan development. Two consumer leadership teams received reports on the progress SCCMHA is making towards implementation of integrated service delivery.*

*The activities of the COD work group and the Improving Practices Leadership Team continue to be reported to the SCCMHA Quality Team.*

**B. Briefly describe the Systems Change process activities during this quarter related to the integration of Mental Health and Substance Disorder services**

**and the impact of this Evidence-Based Practice process on creating systems change.**

*The Co-Occurring Disorders (COD) Work Group of SCCMHA met on June 2, April 7 and December 19. This group has been completing the COFIT tool in preparation for implementation of DDC and DDE treatment capacity throughout the SCCMHA provider network. The work group has also been kept abreast of statewide activities including various training opportunities, fidelity review planning, and committee meetings. A detailed implementation work plan was developed for FY 06-07 and monthly monitoring by a strategic administrative group was instituted. Both the COD work group and Improving Practices Leadership Team activities continue to be reported to the SCCMHA Quality Team.*

**C. Briefly describe the changes that have occurred and milestones achieved in the last quarter. Attach the products developed.**

*SCCMHA continues to sponsor evidence-based practice literature review research projects for each service population in order to offer our provider network and stakeholders a comprehensive review of all evidence-based practices. The second publication, "A Guide to Evidence-Based Mental Health Practices for Children, Adolescents and their Families" is under review. A third publication on evidence-based practices for substance disorders is currently in process.*

*Members of the provider network continue to attend trainings including Dr. Mee-Lee's presentation. In addition, a member of the work group is participating in the state-wide fidelity training and is a member of the fidelity review team.*

*Work continues on the development of an integrated assessment and treatment plan format, to be effective contemporaneously with new software installation October 1<sup>st</sup>.*

*Decisions regarding which programs shall be deemed DDC and those deemed DDE have been completed. Information pertaining to SA licensure has been disseminated to key mental health programs.*

*The detailed COD work plan previously noted is attached this report.*

**D. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.**

*SCCMHA continues to remain very encouraged by the support, energy and engagement of the COD work group members, the improving practice team and support of the community for this endeavor. A number of signatories to the charter document have endorsed the project and we are continuing to secure the*

remaining signatures throughout the summer months. Local judges have endorsed the COD/IDDT charter.

- E. Briefly describe the progress of each of the Co-occurring Disorder project goals and objectives of this quarter. Include an update on systems assessment utilizing the Co-Fit or COMPASS, the development of action plans based on this self-assessment, and progress on action plans. Please attach initial work plan/action plan based on this assessment and amendments, if any, for each of the quarters.**

*As noted, SCCMHA continues to focus on training all primary clinicians in the COD/IDDT model and obtaining baseline assessment information. A detailed identification of training needs and areas (e.g., motivational interviewing, stage-wise interventions, substance abuse counseling, group treatment, etc.) has been completed and a block grant request submission was made to cover training costs. The COD work group is working diligently to complete the COFIT tool.*

- F. Briefly describe staff training and technical assistance obtained during this quarter. Explain how these will be utilized for the program development and improving services. Please include staff coverage for the project with an organizational chart showing the location of staff for this project.**

*SCCMHA continues to be represented in the state wide COD committees and is participating in COCE technical assistance endeavors.*

- G. Briefly explain the barriers and issues encountered during this quarter and the action taken to address them (administrative, legal, policy, training, outcomes, funding, budget, data encounter, grievances, etc.).**

*Training is one barrier; getting all persons completely trained is still in progress. A second barrier is data collection; SCCMHA is in the process of implementing new information system software, and the resources needed to look at current EBP data/baseline, as well as begin to develop new information system data capture plans for improving practices has not yet been able to be SCCMHA's priority for this project. Data needs have been identified and will be addressed as of October 1<sup>st</sup> with the installation of a new software program with the capability to capture need data. A third barrier is resources; this will be continual challenge for SCCMHA as some caseloads are quite high, some staff are responsible for multiple areas of scope independent of improving practices, and there are many competing priorities within SCCMHA right now.*

*There continues to be, however, a high level of commitment on the part of SCCMHA for this implementation effort, as demonstrated by SCCMHA's foray into literature research; we do expect to overcome these recognized barriers.*

**H. For projects that are at the stage of implementing COD enhanced service models, provide the following information:**

*SCCMHA is not yet at this level of implementation. It is planned for 10/01/06.*

**1. Briefly describe the PIHP action related to data collection, fidelity, and process monitoring activities to accomplish the project goal.**

*The person taking a leadership role in fidelity training is actively participating and a member of a review team.*

**2. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic of diagnostic data relevant to the project's goals.)**

*SCCMHA is currently gearing up for implementation. Therefore, there is not data yet to report.*

**I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?**

*Significant staff and provider network time continues to be invested in this project. SCCMHA continues to provide space and other resources for direct hosting of meetings as well as continuing to invest resources in literature research relative of overall EBP practices and information.*

*The budget has been realigned to meet SCCMHA needs for the implementation of integrated dual disorders treatment (see attached budget).*

**J. Describe the activities planned to address the project's goals and objectives for the next quarter.**

*The COD Work Group will continue to review and amending the implementation work plan in the coming quarter. We anticipate the completion of COFIT assessment along with needed training, development of data capture methods, and SCCMHA involvement in fidelity assessment this quarter. Provider training will be assumed in-house through SCCMHA's Continuing Education Unit. This Unit, in conjunction with the SCCMHA Continuing Education Committee, has developed a continuing education work plan that includes integrated services for individuals with co-occurring disorders as part of the routine continuing education program material and includes the granting of CEUs. SCCMHA has become accredited to grant CEUs for social workers.*

## Block Grant Narrative Report

### ***Co-Occurring Disorders***

*April 1, 2006 – June 30, 2006*

*3<sup>rd</sup> Quarter*

- A. The Thumb Alliance PIHP continues to work within the start up domain of implementing the Co-Occurring Disorders [COD] Block Grant. Within this quarter, the Thumb Alliance has developed a formal contract with Wayne State University and has, in cooperation with Wayne State University and Patrick Boyle, assembled and trained an assessment team to complete our baseline GOI and IDDT fidelity assessment.

From a system readiness standpoint, the assessment process is currently underway in the Thumb Alliance. Our Co-Occurring Disorders Workgroup, which reports to the Improving Practices Leadership Council (IPLC), will revise their strategic work plan once the results of the assessment have been compiled on a regional basis and analyzed.

Efforts continue to take place within the System Readiness and Access System Integration domains of the Strategic Action Plan. The Access Sub-Committee continues to work towards integration of the access functions for the public mental health and substance abuse treatment systems from both the clinical and technological standpoints. The Thumb Alliance has been participating with some of the state level discussion on integrated screening and access. The Thumb Alliance took on direct oversight of the Medicaid substance abuse system effective April 1, 2006 and we continue to work towards integration of the full public mental health and substance abuse systems.

In addition, the IPLC has created, from the Charter and strategic work plan, a three phase work plan (attached) identifying immediate activities as well as near and longer-term future activities.

- B. The most significant process change activity from this quarter was the development of our three phase work plan. In that plan, the IPLC has identified action targets that will lead toward broader system level improvements, which include, but are not limited to the implementation of the IDDT tool kit. It is in this quarter that the IPLC began to broaden its focus.
- C. As referenced above, the most significant milestones achieved this quarter are the initiation of our baseline GOI and IDDT fidelity assessment process and the development of our three phase plan. We anticipate the baseline assessment process to be complete by the end of the fourth quarter.
- D. The movement locally towards formal integration of the public mental health and substance abuse systems, with the eventual outcome of having the PIHP designated as the CA within the Thumb Region, continues to be associated with this initiative and has given added meaning to the discussion for some.

- E. The most significant progress to date is in the area of fidelity assessment. As mentioned above, we have assembled and trained an assessment team begun the process of baseline fidelity assessment. In addition, we have developed and submitted block grant requests this quarter which will augment our efforts relative to IDDT. Through these block grants, we intend to expand our partnership with Wayne State University by developing a training curriculum that will better prepare our provider network and our system as a whole to implement the IDDT tool kit. We have developed a multi-faceted training approach that includes key components of the IDDT model (i.e., Motivational Interviewing and Stages of Change/Intervention). We are awaiting the outcome and analysis of the baseline GOI/IDDT evaluation and have no plans to revise our work plan until we can do so under the guidance of those outcomes.
- F. We have had staff attendance at the recent trainings in this area provided by the MDCH as well as participation in the Share and Learn sessions conducted via the state level COD workgroup. In addition, we have contracted with Wayne State University and received an IDDT overview training for administrative leadership and provider staff that was facilitated by Dr. Eugene Schoener. In addition, our designated fidelity assessment leader has shadowed Patrick Boyle on some of his fidelity assessment review activities in Ohio to increase his knowledge in that area. We maintain representation on the state level Practices Improvement Steering Committee. In addition, we have participated on the technical assistance conference calls facilitated by Network 180 and receive the technical assistance documents from MDCH as members of the listserve.
- St. Clair County is still awaiting word from SAMHSA regarding their grant request grant to coordinate regional COD training. If the grant is awarded, they will look to bring in Dr. Kim Mueser to provide training in stage-wise intervention.
- G. We continue to encounter barriers associated with the start-up of almost any new initiative, which are compounded by the fact that the scope of this project encompasses three county CMHSPs.. We have increased our focus on the fidelity assessment process at this point and are really towards the outcomes from that process to help us identify pertinent immediate and longer-term barriers that require our attention and energy.
- H. N/A
- I. See Financial Report
- J. The most significant activities that we are looking for progress on over the next quarter fall in two areas. First, we intend to complete and begin analysis of the data from our baseline evaluation of system readiness and ongoing system fidelity monitoring using the IDDT and GOI tools within this coming quarter. This will enable a more comprehensive evaluation of our strategic work plan and guide us in amending it. Second, we hope to develop a formal training calendar for the region as it relates to IDDT.

